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AUG 29 2011	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY	DEPUTY

Name:

Dianne Barker
Address: 3219 Camelback Road, #393
Phoenix, AZ 85018

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

DIANNE BARKER,

Plaintiff,

vs.

CITY OF PHOENIX, MUNICIPAL
CORPORATION; MAYOR PHILIP
GORDON; 21ST CENTURY INS. OF S
WEST; JOSE MESA RAMIREZ; AND
JIMMY MESA MUNETON, et al.,

Defendants.

No. CV-11-01543-PHX-NVW

(Superior Court Case No. CV2011-
011978)

MOTION To Remand

(Response to City of Phoenix)

Request to remand case, Subcategory 101
"Non-Death/PI" TORT MOTOR Vehicle, Superior
Court of Maricopa County per 28 USC A.1447
"shall remand" (e)(2).

Points And Authorities

City of Phoenix legal representatives Chief
Attorney Gary Verburg, State Bar No. 005515
And Christina E. Koch # 013037 removed
tort claim on August 5, 2011. Respondent
receiving their pleadings less than one (1)
week ago, has spent hours of valuable

time both at court and law libraries researching
 Am seeking costs for preparation, time-
 spent and materials herein.

Legal Argument:

Plaintiff's ARCF Rule 8 "Notice Pleading" is
Sufficient and Reasonable for relief, while
 should not be dismissed by City of Phoenix's
 Motion Conley v Gibson 1951 355 US 414, 78 S Ct 991 1022 2nd; Hilton v Hallmark Cards, US Ct of Appeals 9th Cir 08-55443; 207 CV 05818 PA where US District Court Denied
 Motion to Dismiss And needed Assurance of juris-
 diction.

Furthermore, per defendants denial allegations
 p.3 line 9 "provide defendants notice of what legal
 claims" see Attached AR 12-821.01/12/10/2010 filed
 proof of "Stamped Receipt" by City which plaintiff
 performed the steps to be heard administratively
 and now, forced by AP practice of City's passion
 for litigating ~~AND~~ using 12 B(6) to carry out
 systemic abuse of proper, discrimination
 not given to similar cases of failure to maintain
 intersections by PI attorney claims awards Strocchio
v City of Phoenix.

CONCLUSION:

Plaintiff's cognizable claim is entitled to relief by public
 fiduciaries, municipality And highest officer Mayor
 Gordon, who directs policy for which we greatly
 are in US District Court for Arizona today. However
 lawsuits are not a game with cleverest lawyer prevailing
 freedom of speech for lawful hearing:
Game v Blanchard
 * See 2:92 CV 01291 RGS
 Dianne Barker, plaintiff
 8-29-11

Which is the best daytime phone # to reach you?

6AM - 10PM

Email address: dean.11cya.hoo.com

Fax #: ()

2. OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM

Date of occurrence: 7-21-2010 Time: 4:10 ☐ A.M. ☒ P.M.

Location of occurrence: "CROSSWALK" NW-SW CORNER OF 1ST
Street & WASHINGTON, PHOENIX, ARIZONA.

Describe the specific facts of the occurrence, event, act or omissions that you believe caused your injury or damage and for each theory of liability, explain why you believe the City of Phoenix is at fault.
HAVING LEFT PHOENIX CITY HALL I TRAVELED EASTBOUND TO NW CORNER
OF 1ST STREET WASHINGTON. I WAITED FOR "WHITE LIGHT" TO CROSS SOUND
AND WAS STRUCK IN CROSSWALK BY DARK COLORED TRUCK COMING SOUTH
ON 1ST STREET TURNING RIGHT ON WASHINGTON. CITY OF PHOENIX PARKED
PROPERLY SITTING VEHICLE DROVE OFF FOR VIOLATING ARS 28-792 FOR
INATTENTION. I WILL USE TO NEED TO BE RECALLED TO BE RECALLED TO BE RECALLED
SIGNAL INTERSECTION. CITY TRAFFIC OFFICIAL ARS RESPONSIBLE
FOR SHORT LIGHT AND IMPROPER CONSTRUCTION IMPEDIMENT
LIST ALL WITNESSES, INCLUDING NAME(S), ADDRESS AND PHONE NUMBER(S)

Michael G. Hendricks 5140 N. 40TH ST. APT. A7 85012 (602) 999-4448
JOSEPH RYAN 13301 N. 1ST AVENUE, SUITE 100, PHOENIX, AZ 85021 (602) 999-4448
BOB MCKNIGHT 28TH ST. / WASHINGTON RD. PHOENIX, AZ 85012 (602) 954-5831
KARIE ANN DAVIS 11616 N. 39TH AVENUE, PHOENIX, AZ 85029 (602) 954-5831

Did this occur in a construction area? ☒ Yes ☐ No

If yes, what is the construction company's name? City of Phoenix

If this is a motor vehicle accident, please provide the following information:

Your vehicle license plate number: nila
Your vehicle: Year: 2005 Make: Dodge Model: Stratus / Folding

Name of the City driver: _____
City Vehicle Description: _____ City Department: _____

City Vehicle License Plate #: _____ Bus/Equipment #: _____

Bus Route Name/Number: _____ Direction of Travel: _____

Was a police report filed? ☒ Yes ☐ No If yes, what agency responded? _____

Police report number: 1013341

INCIDENT #

Page 2 of 4

By signing your name below, you certify that the information provided is true and correct to the best of your knowledge and belief.

The city's acceptance and subsequent processing of your claim is not a waiver of the city's right to object to the sufficiency of the claim and should not be considered as an acknowledgment by the City that the claim is valid. To the extent city records need to be preserved, you are directed to A.R.S. 39-121, et seq.

Claimant Name: Dianne Barker
(Signature of Claimant)

Form Completed By: DIANNE BARKER
(Print Name of Person Completing Claim Form for Claimant)

Phone Number: (602) 999-4448
(Phone # of Person Completing Claim Form for Claimant)

Address: 5105 N. 40TH STREET, PHOENIX, ARIZONA, 85018
(Address of Person Completing Claim Form for Claimant)

Relationship to Claimant: Self

Date: 12-10-2010

PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

INSTRUCTIONS FOR FILING YOUR CLAIM

Arizona Revised Statute §12-821.01 requires that this form must be filed with the City Clerk Department. The City Clerk will accept this form if hand-delivered, mailed or faxed as described below, but it is your sole responsibility to confirm that the City Clerk has actually timely received the form.

1. If you choose to mail or deliver your completed form, please direct it to:

City of Phoenix
City Clerk Department
200 W. Washington Street, 15TH Floor
Phoenix, AZ 85003

2. If you choose to fax your completed form, please fax it to the City Clerk Department at:

Fax # (602) 495-5847

FEDERAL REGULATION - BODILY INJURY CLAIMS ONLY

you are presenting a bodily injury claim, you are required to provide the information requested in this section pursuant to Federal Law - Section 42, United States Code 1395y(b) (7) & (8). For additional information, go to www.cms.hhs.gov/MandatorinsReg.

Injured party name: Dianne Barker
(Show name exactly as it appears on Social Security records)

Injured party social security #: 66693

Injured party gender: ☐ Male ☒ Female Injured party date of birth: HR

Medicare, Medicaid (AHCCCS) or SCHIP Health Ins Claim #: A0070460001
(HICN if applicable)

Is the injured party eligible (or will he/she be eligible within the next 36 months) for Medicare, Medicaid (AHCCCS) or the State Children's Health Insurance Program (SCHIP)? ☒ Yes ☐ No

Please continue to the claim form below. Additional information is required.

CLAIMANT INFORMATION (complete a separate claim form for each person making a claim)

Claimant Name: DIANNE BARKER

Name of claimant's representative (if applicable): Self

Relationship to claimant: ☐ Parent (claimant is a minor) ☐ Guardian ☐ Insurance Company ☐ Attorney ☒ Other

Address: 5105 N. 40TH STREET Apt #: E224

City / State: PHOENIX, ARIZONA ZIP: 85018

Date of birth: 6-15-1948

Home #s: () → Work: () → Cell: (602) 999-4448

INCIDENT #
(e: PHOENIX TRAFFIC Rpt # 1013341; File # 120291)
Page 1 of 4

3. AMOUNT OF CLAIM

Dollar amount requested to settle your entire property damage claim: \$ 1,300.00

Dollar amount requested to settle your entire personal injury claim: \$ 60,000.00

Dollar amount requested to settle your entire other damages claim: \$ 183,600.00

Total dollar amount requested to settle your entire claim: \$ 244,900.00

\$ 244,900.00

\$ 244,900.00

4. EXPLANATION OF DAMAGES

Describe the damage to your property (if any) and the specific facts supporting the amount claimed. (Please attach all receipts and other documentation related to the damage amount claimed.) - Available

2 total Dodge Stratus 450.00

" AP Laptop Computer 600.00

Two Hand Bags 25.00

Clothing: Jacket, skirt, pants, etc. 65.00

Deductibles: Subrogated USAA Ins. 250.00

Medical reports + bills available 1,200.00

Injured is SSDI recipient suffering

this new hit by truck (July 21, 2010). Released

to family doctor by Good Samaritan ER with shoulder

contusion, vertebral injuries. Medical bills

= 720,000. Pain suffering costs = 40,000 total 60,000

Describe your other damages (if any) and the specific facts supporting the amount claimed. (Please attach all receipts and other documentation related to the damage amount claimed.) - Complete - Not Available

A Pattern of City of Phoenix Police failure to

cite violator of assign proper laws re: Barker

violation of City of Phoenix Police 601-2005 City of Phoenix Municipal Code

City of Phoenix Police not only truck driver for killing cyclist on 1ST Street

on 1ST Street need proper crosswalk, slow traffic, proper construction

punitive damages: (3 X 5 pt claim) 15,000

This page must be completed and attached to the last page of your motion/request.

☒ I have filed the ORIGINAL of the attached document(s) on 8 29, 2011
Month Day
with the Clerk of US District Court Arizona.

☒ I have mailed/delivered a COPY of the attached document(s) on 8 29,
Month Day
2011 to Judge Honorable Neil V. Wake
(The Judge assigned to your case)

☒ I have mailed/delivered a COPY of the attached document(s) on 8 29,
Month Day
2011 to:

(You must mail a copy of all documents to the other side and his/her lawyer)

City of Phoenix et al
Name of Other Side
200 W. Washington #1300
Address
Phoenix, AZ 85018
City, State, Zip

Gary Verburg; Christina Koehn
Name of Other Side's Lawyer

Lawyer's Address

City, State, Zip

By signing below, I promise that I have filed/mailed the attached document(s) as shown above.

Melaine Barker 8/29/11
Your signature